

DEKALB COUNTY PRIVILEGE LICENSE APPLICATION MID-YEAR CHANGE

INSTRUCTIONS: Every question must be answered fully and correctly. When completed, it must be dated, signed by the licensee and notarized. The application and all requested documents shall be filed with the Finance Department, Division of Internal Audit and Licensing, at 330 W. Ponce De Leon Ave., 2nd Floor, Decatur, Georgia 30031. (If mailed, remit to: P.O. Box 100020, Decatur, Ga. 30031-7020.) The license fees shall be paid with a cashiers check or money for the exact amount due. **Do not send business or personal checks.**

Check One: ☐ Additional Fixed Bar ☐ Additional Movable Bar ☐ Add Liquor ☐ Add Beer
☐ Add Wine ☐ Add Sunday Sales ☐ Other – Specify Type of Changes
Administrative Fees For Adding Liquor: ☐ **\$200.00**

Type of Business:

☐ Convenience/Grocery ☐ Restaurant ☐ Country Club ☐ American Legion Post
☐ Grocery with Gas ☐ Nightclub/Bar ☐ VFW ☐ BPOE (Elks Club)
☐ Supermarket ☐ Package / Liquor Store ☐ Other _____

Type of License: ☐ Consumption ☐ Retail Package ☐ Importer ☐ Wholesaler

License changes are for the remaining months in the calendar year. Partial months are counted as a full month.

Mid-Year Change	Monthly Fees		Number of Months	=	License Fee Due
<input type="checkbox"/> Beer Only	\$ 50.00	x	_____	=	_____
<input type="checkbox"/> Wine Only	\$ 50.00	x	_____	=	_____
<input type="checkbox"/> Liquor – Package or C.O.P.	\$250.00	x	_____	=	_____
<input type="checkbox"/> Additional Fixed Bar(s)	\$ 50.00	x	_____	=	_____
<input type="checkbox"/> Additional Movable Bar(s)	\$ 25.00	x	_____	=	_____
<input type="checkbox"/> Sunday Sales	\$ 91.66	x	_____	=	_____

Sunday Sales Permits are only issued to eating establishments. New establishments are given up to six (6) months to comply with the minimum food sales requirements. **Food sales must be at least 60 % of total annual food & alcohol sales.**

Licensee's Full Name (must be a person) _____ Date of Birth _____ Social Security # _____ Home Telephone Number _____

Licensee's Home Address _____ City, State and Zip Code _____ County _____

Business Name _____ Business Location _____ City, State & Zip Code _____ Business Telephone # _____

Mailing Name and Complete Address _____

The following documents must be included with your application:

- All Changes - Two Copies of Licensee's Driver License
- Adding Liquor - Legal Land Survey for Consumption On Premises, Certifying compliance with distance requirements.
- Adding Liquor – Affidavit from Persons Having Knowledge of Licensee's Residence
- Adding Fixed and/or Movable Bars – (If structural Changes have been made) A scaled floor plan drawing or diagram showing the current interior of the business.
- All Changes - An application appropriately signed and notarized.

This application must be executed under oath and the applicant is subject to criminal penalties for false swearing. The application includes all attachments and forms that are required for processing of this application. I, _____, the licensee, do herewith assert that there have been no changes to the ownership of the company noted above involving 10% or more of the business. I further solemnly swear and assert that the answers and statement on this application are true and correct and that no false or fraudulent statements are made herein to obtain an alcoholic beverage license

Signature of Applicant / Licensee

Date

Signature of Notary Public

Date